

Medication Talking Points

BestRXforSavings.com

Current Medication:

Drug strength & form:

Started Who told me to take?
Reason for use? Helping me?
Lifestyle changes Goal Med to stop
Side effects? Can I D/C?
Current copay What tier? Other tier cost?
365 days / Days supply = Fills/yr
Copay x Fills/yr = **Annual Cost**

Savings options:

Mail Order copay Mail order days supply
365 days / Days supply = Fills/yr
Mail order Copay X Fills/yr =Annual mail cost
Annual cost today - Annual mail cost =**Mail Savings**

Is drug generic? Available as generic?
\$4 generic exist? Is drug Multi Source?

| | | |
|-------------------------------|------------|--------------------------------|
| Best cash/ discount price? | X Fills/yr | =Annual cash/ discount cost |
| Best OTC price? | X Fills/yr | =Annual OTC cost |
| Best Multi source price? | X Fills/yr | =Annual Multi source cost |

For the best price option above, will a larger quantity cost less?

Price 90 days
Price 120 days
Price ___ days

| | | |
|---------------------------------|------------|--------------------------------|
| Best large quantity price? | X Fills/yr | =Annual cost large quantity |
| Best half tab quantity price | X Fills/yr | =Annual half tab price |

| | |
|-------------------------------------|---|
| Therapeutic equivalent exist? | True allergy to therapeutic equivalent? |
|-------------------------------------|---|

Drug 1

Drug 2

Drug 3

| | | |
|--------------|------------|---------------------|
| Drug 1 price | X Fills/yr | =Annual cost drug 1 |
| Drug 2 price | X Fills/yr | =Annual cost drug 2 |
| Drug 3 price | X Fills/yr | =Annual cost drug 3 |

Is this med available as a combination med with another med I take?

Drug 1

Drug 2

| | | |
|---|------------|--|
| Combo drug cash or discount price | X Fills/yr | =Annual cash or discount cost combo drug |
|---|------------|--|

| | | |
|------------------------|---------------------------|--------------------------|
| Combo drug copay price | X Fills/yr | =Annual copay combo drug |
| Annual cost today | - Annual combo drugs cost | = Combo savings |

Combination pill I take today that can be split into cheaper options?

Drug 1

Drug 2

| | | |
|-------------------|------------|--------------------------|
| Drug 1 cash price | X Fills/yr | =Annual cash cost drug 1 |
|-------------------|------------|--------------------------|

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|-------------------|------------|--------------------------|
| Drug 2 cash price | X Fills/yr | =Annual cash cost drug 2 |
|-------------------|------------|--------------------------|

| | | |
|--------------------|------------|---------------------------|
| Drug 1 copay price | X Fills/yr | =Annual copay cost drug 1 |
|--------------------|------------|---------------------------|

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|--------------------|------------|---------------------------|
| Drug 2 copay price | X Fills/yr | =Annual copay cost drug 2 |
|--------------------|------------|---------------------------|

Total annual cost drug 1 + drug 2 =

| | | |
|-------------------|------------------------------|---------------|
| Annual cost today | - Annual cost of split combo | Split savings |
|-------------------|------------------------------|---------------|

Dosage Form

| | | |
|----------------------|-------------|--------------|
| Fills saved per year | x Cost/fill | = Savings/yr |
|----------------------|-------------|--------------|

| | | |
|--------------------|-----|-------------------------------|
| Samples Available? | Yes | How long is med trial period? |
| | No | |

| | | |
|---------------------------------------|-----|----------------------|
| Have enough samples for trial period? | Yes | Savings from Samples |
| | No | |

PAP, State PAP,
Extra Help
program(s) I am
eligible for

| | | |
|--|-----------|------------------------------|
| Do you charge to complete PAP forms? | Yes No | If yes, what is your fee? |
|--|-----------|------------------------------|

| | |
|-----------------------|--------------------------------------|
| Medication Coupon? | How many dollars will coupon pay? |
|-----------------------|--------------------------------------|

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|------------------------|--------------------|------------------------------------|
| Current annual cost | - copay savings | =New annual cost with coupon |
|------------------------|--------------------|------------------------------------|

| | |
|---|--|
| Does my insurance have a copay coupon accumulator? | Will I have to pay full deductible when coupon runs out? |
|---|--|

| | | |
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| Am I eligible for a hardship exception from manufacturer? | If yes, do you charge to complete paperwork? | Yes No |
|--|---|-----------|

If yes, what is
charge?

Is a Biosimilar
available?

| | | |
|-------------------------------|------------|--------------|
| What is the cost per fill? | X Fills/yr | =Annual cost |
|-------------------------------|------------|--------------|

| | | |
|---------------------------------|---------------------------|------------------------|
| Annual cost of current drug? | - Annual cost Biosimar | =Biosimilar savings |
|---------------------------------|---------------------------|------------------------|

Influenza

Shingles

Pneumococcal

Hepatitis
B

HPV